

Change of Tenant/Change of Use

Development Services | Permitting & Inspections www.fayettevillenc.gov

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https://www.fayettevillenc.gov/city-services/development-services/permitting-inspections

Please fill out this application completely. Incomplete applications will not be processed.

- 1. This form is for when there is no construction to be performed.
- 2. A <u>Change of Occupant/ Tenant</u> is when the same type of business occupies a space where the same type of business was previously located. Ex. Previous business is a florist and the new business is a florist.
- 3. A <u>Change of Use</u> is when a business with the same *Occupancy Classification* occupies space as a previous business but the use is different. Ex. Previous business was a bank and new business is insurance sales.

1. Change of Occupant/ Tenant no char	nge in business primary use	Change of Use requires plan review	
2. Location:			
ddress:			
3. New Business Information:			
orporate Name:		Telephone:	
orporate Address:		E-mail:	
Pescribe Primary Business Function:			
Occupancy Classification (to be filled out by staff):			
Occupancy Classification (to be filled out by staff): 4. Previous Business Information:			
4. Previous Business Information:		Telephone:	
4. Previous Business Information: Company Name:		Telephone: E-mail:	
4. Previous Business Information: Company Name:			
4. Previous Business Information: Company Name:			
4. Previous Business Information: Company Name: Address: Describe Primary Business Function:			
4. Previous Business Information: Company Name: Address: Describe Primary Business Function:		E-mail:	
4. Previous Business Information: Company Name: Address: Describe Primary Business Function: Occupancy Classification (to be filled out by staff): 5. Building Owner Information:			
4. Previous Business Information: company Name: ddress: Describe Primary Business Function: Describe Primary Business Function: Describe Primary Business Function: Describe Primary Business Function:	State/ Zip:	E-mail:	
4. Previous Business Information: Company Name: Address: Describe Primary Business Function: Describe Primary Business Function:	State/ Zip:	E-mail:	

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d all other applicable state and local laws, ordinances, and reg vision of any changes in the approved plans and specification f		oj Fayetteville s Permittin	g & Inspections
Signature of Owner/Agent	Printed Name	Date	
7. Staff Approvals: Printed Name	Signature		Date
oning			
anning			
ngineering*			
raffic Services*			
re*			

Staff Use:

Permit Fee: ______ Date: _____ E-Development Portal Project Number: ______

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